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# Medicare Preventive Services...

## ...To Help Keep You Healthy

There are steps you can take to lower your risk of disease and illness. Medicare is providing coverage for these preventive services to help you stay healthy. Medicare will cover:

- Tests for breast cancer, cervical cancer, vaginal cancer, and colorectal cancer;
- Bone mass measurements;
- Diabetes monitoring and diabetes self-management;
- Flu, pneumonia, and Hepatitis B shots; and
- Prostate cancer screening tests.

These valuable benefits from Medicare may be the key to long lasting good health. Talk with your doctor about your risk of developing these health problems and your need for these preventive services.

### This pamphlet includes:

- A chart that explains which preventive services are covered by Medicare, for whom they are covered, and what you pay.
- Cards with more detailed information on some of the preventive benefits. You can tear these out and put them on your calendar or refrigerator as a reminder, or you can take them to your doctor so that you can talk about the preventive services that Medicare covers.

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# Medicare Preventive Services — Added Benefits to Help

| Covered Service |
| --- |
| **Bone Mass Measurements:**<br>Varies with your health status. |
| **Colorectal Cancer Screening:**<br>• **Fecal Occult Blood Test** - Once every 12 months.<br>• **Flexible Sigmoidoscopy** - Once every 48 months.<br>• **Colonoscopy** - Once every 24 months if you are at high risk for colon cancer. Starting July 1, 2001, once every 10 years but not within 48 months of a screening sigmoidoscopy if you are not at high risk for colon cancer.<br>• **Barium Enema** - Doctor can decide to use instead of a sigmoidoscopy or colonoscopy. |
| **Diabetes Services:**<br>• Coverage for glucose monitors, test strips, and lancets.<br>• Diabetes self-management training. |
| **Mammogram Screening:**<br>Once every 12 months. Medicare also covers new digital technologies for mammogram screenings. |
| **Pap Smear and Pelvic Examination:**<br>(Includes a clinical breast exam) Once every 36 months. Once every 12 months if you are at high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap smear in the preceding 36 months. Starting July 1, 2001, Pap smear and pelvic examinations are covered once every 24 months. |
| **Prostate Cancer Screening:**<br>• **Digital Rectal Examination -** Once every 12 months.<br>• **Prostate Specific Antigen (PSA) Test -** Once every 12 months. |
| **Shots (Vaccinations):**<br>• **Flu Shot** - Once a year in the fall or winter.<br>• **Pneumococcal Pneumonia Shot** - One shot may be all you will ever need. Ask your doctor.<br>• **Hepatitis B Shot** - If you are at medium to high risk for hepatitis. |
| **Glaucoma Screening:**<br>Starting January 1, 2002, once every 12 months. Must be done or supervised by an eye doctor who is legally allowed to do this service in your state. |

## You Stay Healthy

| Who is Covered | What You Pay |
|---|---|
| Certain people with Medicare who are at risk for losing bone mass. | 20% of the Medicare-approved amount (or a set copayment amount) after the yearly Part B deductible. |
| All people with Medicare age 50 and older. However, there is no minimum age for having a colonoscopy. | Nothing for the fecal occult blood test. For all other tests, 20% of the Medicare-approved amount after the yearly Part B deductible.<br><br>For flexible sigmoidoscopy or colonoscopy, you pay 25% of the Medicare-approved amount if the test is done in an ambulatory surgical center or hospital outpatient department. |
| • All people with Medicare who have diabetes (insulin users and non-users). | • 20% of the Medicare-approved amount after the yearly Part B deductible. |
| • If requested by your doctor or other provider and you are at risk for complications from diabetes. | • 20% of the Medicare-approved amount after the yearly Part B deductible. |
| All women with Medicare age 40 and older. You can also get one baseline mammogram between ages 35 and 39. | 20% of the Medicare-approved amount with no Part B deductible. |
| All women with Medicare. | Nothing for the Pap smear lab test. For Pap smear collection and pelvic and breast exams, 20% of the Medicare-approved amount (or a set copayment amount) with no Part B deductible. |
| All men with Medicare age 50 and older. | Generally, 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. No coinsurance and no Part B deductible for the PSA Test. |
| All people with Medicare. | Nothing for flu and pneumococcal pneumonia shots if the health care provider accepts assignment. For Hepatitis B shots, 20% of the Medicare-approved amount (or set copayment amount) after the yearly Part B deductible. |
| People at high risk for glaucoma, including people with diabetes or a history of glaucoma. | 20% of the Medicare-approved amount after the yearly Part B deductible. |

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## Colorectal Cancer Screening

### Which colorectal screening benefits are covered under Medicare?

Medicare covers:

- A screening fecal occult blood test (FOBT),
- Flexible sigmoidoscopy,
- Screening colonoscopy, and
- Barium Enema.

The FOBT and the flexible sigmoidoscopy are considered to be general preventive screenings. However, if you are at high risk for colorectal cancer, Medicare will cover a screening colonoscopy. Medicare also covers a barium enema if your doctor decides to use a barium enema instead of a flexible sigmoidoscopy or screening colonoscopy. *(over)*

Call 1-800-4CANCER or visit www.nci.nih.gov for more health information.

Medicare Preventive Services

## Mammography Screening

### Which breast cancer screening benefits are covered under Medicare? How often are they covered?

Medicare will pay for a mammogram every 12 months. Regular mammography screenings can save your life. Medicare also covers new digital technologies for mammogram screenings.

### Who is eligible to receive a mammography screening?

All women with Medicare age 40 and older are eligible for mammography screenings every 12 months. Medicare also pays for one baseline mammogram for female Medicare beneficiaries between ages 35 and 39. *(over)*

Call 1-800-4CANCER or visit www.nci.nih.gov for more health information.

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## Flu, Pneumococcal Pneumonia, and Hepatitis B Shots (Vaccinations)

### Which preventive shots are covered by Medicare?

Flu shots, pneumococcal pneumonia shots, and Hepatitis B shots are covered by Medicare. Flu, pneumonia, and hepatitis can be life threatening to the elderly.

### Who is eligible to receive these shots?

All people with Medicare are eligible for flu shots and pneumonia shots. Hepatitis B shots are covered only for persons at medium to high risk for hepatitis. *(over)*

Call 1-800-MEDICARE or visit www.medicare.gov for more health information.

Medicare Preventive Services

## Pap Smear and Pelvic Exam (Includes Clinical Breast Exam)

### Does Medicare cover screenings to find cervical and vaginal cancers?

Medicare covers Pap smears and pelvic exams to check for cervical and vaginal cancers. In addition to the pelvic exam, a clinical breast exam is covered to check for breast cancer.

### Who is eligible to receive Pap smears and pelvic exams?

All women with Medicare are eligible. *(over)*

Call 1-800-4CANCER or visit www.nci.nih.gov for more health information.

## Mammography Screening—*continued*

### Am I at high risk for breast cancer?

Simply getting older increases breast cancer risk. The older you are, the greater your chance of getting breast cancer. However, several factors that could place you at higher risk include:

- If you had breast cancer before;
- If you have a family history of breast cancer—that is, a mother, sister, daughter or two or more close relatives who had breast cancer; or
- If you had your first baby after the age of 30, or if you never have had a baby.

### How do I get more information about breast cancer and mammography screening?

Discuss your breast cancer risk and screening with your doctor, or call the National Cancer Institute at 1–800–4–CANCER or visit www.nci.nih.gov for more information.

## Colorectal Cancer Screening—*continued*

### Who is eligible to get a colorectal screening?

All people with Medicare age 50 and older are eligible for colorectal screenings. However, there is no minimum age for having a colonoscopy.

### How often will Medicare cover colorectal exams?

A fecal occult blood test is covered once every 12 months and a sigmoidoscopy once every 48 months. If you are at high risk for colorectal cancer, Medicare covers a colonoscopy every 24 months. Starting July 1, 2001, Medicare covers a colonoscopy once every 10 years, but not within 48 months of a screening sigmoidoscopy if you are not at high risk for colon cancer. A doctor can decide to use a barium enema instead of a sigmoidoscopy or colonoscopy.

### Who is at high risk for colorectal cancer?

After age 40, colorectal cancer risk increases with age. Your risk is greater if you or a family member has a history of colorectal cancer, inflammatory bowel disease, polyps, or certain hereditary syndromes.

## Pap Smear and Pelvic Exam—*continued*

### How often will Medicare cover a Pap smear and pelvic exam?

A Pap smear and pelvic exam are covered by Medicare once every 36 months. However, if you are a woman of childbearing age and have had an abnormal Pap smear within the preceding 36 months, or you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap smear and pelvic exam every 12 months. Starting July 1, 2001, Pap smears and pelvic examinations are covered once every 24 months.

### Who is at high risk for cervical or vaginal cancer?

Risk for cervical cancer is increased if you have had an abnormal Pap test, if you have had cancer before, or if you have been infected with the human papilloma viruses (HPVs). If you began having sexual intercourse before the age of 16, or if you have had many sexual partners, you also have a greater cervical cancer risk. Risk for vaginal cancer is increased for daughters of women who took DES during pregnancy.

## Flu, Pneumococcal Pneumonia and Hepatitis B Shots—*continued*

### How often will Medicare cover these shots?

Medicare pays for a flu shot once a year in the fall or winter. Medicare will also pay for a pneumonia shot, which you should get by age 65. Most people only need to get this shot once in their lifetime. Medicare will pay for a Hepatitis B shot if you are at medium to high risk for hepatitis.

### Who is at risk for flu, pneumonia, or Hepatitis B?

Flu and pneumonia infections can be life-threatening for elderly people. All adults 65 and older should get flu and pneumonia shots. Those at medium to high risk for Hepatitis B include individuals with End-Stage Renal Disease or hemophilia.

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